PTC/SB/06 (06-03)
Approved for use through 7/31/2006, OMB 0651-0032
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 Application or Docket Number 101075348											778
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		, ÇR	OTHER THAN SMALL ENTITY	
FOR		NUMB	HUMBER FILED		NUMBER EXTRA		RATE	·FEE		RATE	FEE
BASIC FEE (37 CFR 1.18(a))				·		1			OR	•	,
TOTAL CLAIMS (37 CFR 1.16(c))			rrdmus 20 +			1	xis_ =		OR	X: ·	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		MS	minus 3 a			1	X 6		٠ ``` ٠		<u> </u>
MULTIPLE DEPENDENT CLAIM PRESENT (97 CFR 1.18(d))						l		 	OR ·	X 8	
							<u> + 1 </u>		OR	<u> </u>	}
*6 the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL	<u> </u>	OR	TOTAL	L
CLAIMS AS AMENDED - PART (I											
_	(Cotumn 1) (Cotumn 2) (Cotumn 3)					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
AMENDMENT A		REMAINING AFTER, AMENDMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOS- TIONAL FEE		RATE	ADOI- TICYAL FEE
S	Total (D) CFR 1.18(3)	28	Minus	" <i>2</i> 9	. 0		X 8		OR	X \$ 0	1
N N	Independent (37 CFR 1.18(pg)	i	Minus	- 4	0		, ,		OR	x 8	
W	PORST PRESENT	TATION OF MULTIPL	E DEPIGIÇE	DIT CLAIM (07 CI	FR 1.16(d))		+1		OR	+: 0	
0	0105						TOTAL ADDL'FEE		OR	TOTAL ADD'L FEE	
V	400	(Cotumn 1)		(Catumn 2)				,	WOOL FEE		
8		CLAIMS	1	HIGHEST	(Column 3)	1					
ENT	·	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
I ≥	Total cr cfit 1.18(c)	28	Minus	24			x 8=		CR	X \$ d	
MEND	Independent (37 CFR 1.16(92)		Minus	"4			X \$=		OR	X \$ c	
A FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (1)7 CFR 1.19(0)									OR	+: -	-
10 5						, i	TOTAL			TOTAL	
(Column 1) (Column 3) (Column 3)											
Ü		CLAIMS		HIGHEST					i 1		
MENDMENT (REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
M	Total (D'C'N 1,14(2)	. 28	Minus	⁻ 29			X 8o		OR	X 8=	·
Ä	tndependent (37 CFR 1.16(kg)		euniM	1	.\		X \$ a		OR	X \$ o	
₹	FORST PRESENT	ATION OF MULTIPLE	E DEPENDE	NT QUAL DT CF	R 1.16(d)		+1 0		OR	<i>+</i> 2 •	
_									***	TOTAL	•
# If the entry in column 1 is less than the entry in column 2, write "O" in column 3. # If the "Highest Number Previously Paid Fer" IN THIS SPACE is less than 20, enter "20".											
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"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in cotumn 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or rebin a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.16. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete bits form and/or suggestions for reducing this burden, should be can't to the Chief information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.